

Appendix 4: Differences between the systematic reviews for the current CTFPHC recommendations on depression screening and the 2009 USPSTF recommendations

Several key differences exist between the systematic review for the 2009 US Preventive Services Task Force (USPSTF) recommendations on depression screening¹ and the latest review conducted for the current recommendations from the Canadian Task Force on Preventive Health Care (CTFPHC).² The research questions and study selection criteria were different because of differing standards of admissible evidence.

The USPSTF identified one randomized controlled trial (RCT)³ that addressed the effectiveness of screening. This RCT was not eligible for inclusion in the CTFPHC's evidence review because all participants underwent a diagnostic interview (i.e., all were screened for depression). At 3 months, only patients with depression and a random sample of patients without depression were reassessed for DSM-III-R disorders and symptoms of depression. The study concluded that case finding leads to a modest increase in rates of recognized depression and recovery from depression, but does not have consistently positive effects on patient outcomes.

The USPSTF used 8 studies^{4–11} to address the question on the effectiveness of screening with feedback and support systems. These studies were excluded from the CTFPHC evidence review for several reasons. First, the studies did not meet inclusion criteria because of a lack of an unscreened comparison group (all patients in the intervention and control groups were screened).

Second, the CTFPHC recommendations do not apply to people with known depression, those with a history of depression or people receiving treatment for depression. This is particularly relevant given that 4 of the 8 studies cited in the USPSTF review included patients who were currently being treated for depression or had been recently treated.^{5–8} As stated in the CTFPHC guideline, the recommendations do not apply to people with known depression, because “screening” does not apply to people who already have known disease. Including people with known depression when evaluating the effectiveness of screening can produce a bias in favour of the screening intervention. One study included patients that had a history of depression,⁹ and 2 studies did not report the percentage of patients currently or recently treated.^{10,11}

Third, among the 8 studies included in the USPSTF review, there was substantial variability in the interventions delivered to participants with screen-detected depression – making it difficult to determine what portion of the benefit observed is attributed solely to screening and how clinicians should use the results of screening tools in practice.

References

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